

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

DILDILIAN FOR CONGRESS

ADDRESS (number and street)

621 Lawson Street

Check if different  
than previously  
reported. (ACC)

Royal Oak

MI

48067

2. FEC IDENTIFICATION NUMBER ▼

C

C00522177

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MI

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 19 / 2012

through

M M / D D / Y Y Y Y  
09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Mida Dildilian

Signature of Treasurer

Lisa Mida Dildilian

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**DILDILIAN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	705.00	9665.05
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	705.00	9665.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3622.84	9923.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3622.84	9923.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	142.03	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	400.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

**DILDILIAN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

250.00

3350.00

**(ii) Unitemized.....**

455.00

6315.05

**(iii) TOTAL of contributions from individuals ▶**

705.00

9665.05

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

705.00

9665.05

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

400.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

400.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

705.00

10065.05

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3622.84	9923.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3622.84	9923.02

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3059.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	705.00
25. SUBTOTAL (add Line 23 and Line 24).....	3764.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3622.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	142.03

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DILDILIAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

John Wolfsberger

A.

Mailing Address 20392 Breezeway Dr.

City

Macomb

State

MI

Zip Code

48344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

General Dynamics

Occupation

Engineer

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : SA11Al.4463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DILDILIAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Sign Shop**

Mailing Address 31930 Woodward Ave.

City	State	Zip Code
Royal Oak	MI	48073

Purpose of Disbursement  
Campaign signs

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2012

Amount of Each Disbursement this Period

61.48
-------

Transaction ID : SB17.4473

**B. Home Depot**

Mailing Address 660 West 12 Mile Rd

City	State	Zip Code
Madison Hgts	MI	48071

Purpose of Disbursement  
Sign material - posts

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2012

Amount of Each Disbursement this Period

177.02
--------

Transaction ID : SB17.4496

**c. Home Depot**

Mailing Address 660 West 12 Mile Rd

City	State	Zip Code
Madison Hgts	MI	48071

Purpose of Disbursement  
Campaign signs - posts

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

Amount of Each Disbursement this Period

70.08
-------

Transaction ID : SB17.4508

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

308.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DILDILIAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Home Depot**

Mailing Address 660 West 12 Mile Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2012

City	State	Zip Code
Madison Hgts	MI	48071

Amount of Each Disbursement this Period

56.65
-------

Purpose of Disbursement  
Sign material - postsCategory/  
Type**Transaction ID : SB17.4520**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Impact Media Professionals**

Mailing Address PO Box 113

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2012

City	State	Zip Code
Novi	MI	48375

Amount of Each Disbursement this Period

612.63
--------

Purpose of Disbursement  
Design and PrintCategory/  
Type**Transaction ID : SB17.4523**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. KMB Details**

Mailing Address 419 S. Edison Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

City	State	Zip Code
Royal Oak	MI	48067

Amount of Each Disbursement this Period

447.54
--------

Purpose of Disbursement  
Print and Design of campaign literatureCategory/  
Type**Transaction ID : SB17.4506**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1116.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DILDILIAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Photo Factory**

Mailing Address 3377 N. State St.

City	State	Zip Code
Davison	MI	48423

Purpose of Disbursement  
Printing costs for signage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

Amount of Each Disbursement this Period

463.75
--------

Transaction ID : SB17.4488

**B. PNC Bank**

Mailing Address 225 South Main St

City	State	Zip Code
Royal Oak	MI	48067

Purpose of Disbursement  
ATM Withdrawal - Campaign Event

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2012

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.4521

**c. US Postal Service**

Mailing Address 200 W 2nd Street

City	State	Zip Code
Royal Oak	MI	48067

Purpose of Disbursement  
Mailing costs

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

18.00
-------

Transaction ID : SB17.4510

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

581.75



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DILDILIAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Victory Phones Inc.**

Mailing Address 190 Monroe Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

City	State	Zip Code
Grand Rapids	MI	49503

Amount of Each Disbursement this Period

900.00
--------

Purpose of Disbursement  
Robo callsCategory/  
Type**Transaction ID : SB17.4526**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.00

2907.15

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 10 OF 10

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4263

DILDILIAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Greg Dildilian

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

621 Lawson Street

City

State

ZIP Code

Royal Oak

MI

48067

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 16 / 2011

Date Due

M M / D D / Y Y Y Y  
12/31/2012

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

400.00

**TOTALS** This Period (last page in this line only)..... ►

400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.